

CHAPTER 82  
STATEWIDE INDIGENT OBSTETRICAL AND  
ORTHOPEDIC PATIENT CARE PROGRAM

**641—82.1(255A) Definitions.**

*“Applicant”* means a person for whom assistance under this program is being requested.

*“Family”* means a group of two or more persons related by birth, marriage, or adoption who reside together or a unit of one is an unrelated individual who is not living with any relatives. The unborn fetus will be counted as a family member.

*“Nonquota case”* means a patient who is provided obstetrical or newborn care services or orthopedic care services at the University of Iowa Hospitals and Clinics under the indigent nonquota care program established pursuant to Iowa Code chapter 255 and referenced in chapter 255A.

*“Poverty level”* means poverty income guidelines established by the United States Department of Health and Human Services (DHHS).

*“Program”* means the obstetrical and newborn indigent patient care program and orthopedic care program for nonquota cases.

*“Resident”* means the individual must be a legal resident of the state.

*“Spendedown”* means the process by which an applicant obligates income for allowable medical expenses to reduce income to a qualifying level. The medical expenses used for spenddown cannot be paid for with funds from this program.

**641—82.2(255A) Eligibility criteria.** The certification process to determine eligibility for services under this program will include the following requirements:

**82.2(1) Income.**

*a.* Income guidelines will be set at 185 percent of the poverty income guidelines published by the United States Department of Health and Human Services. State income guidelines will be adjusted following any change in Department of Health and Human Services guidelines.

*b.* Income information will be provided by the applicant, who will attest in writing to the accuracy of the information contained on the application. The director may request verification of income.

*c.* All earned and unearned income of family members as defined by DHHS poverty guidelines will be used in calculating the applicant’s gross income for purposes of determining initial and continued eligibility.

*d.* Income will be estimated prospectively as follows:

(1) Annual income will be estimated based on the applicant’s income for the past three months unless the applicant’s income will be changing or has changed, or

(2) In the case of self-employed families the past year’s income tax return will be used in estimating annual income unless a substantial change has occurred.

(3) Terminated income will not be considered.

*e.* An applicant for obstetric services under this program whose income falls between 185 percent and 300 percent of the poverty level guidelines may qualify through spenddown of medical expenses of all family members as follows:

(1) The applicant must provide copies of medical bills or a statement from the providers of projected medical expenses.

(2) Medical expenses which can be used to meet spenddown are as follows:

1. Health insurance premiums, deductibles, or coinsurance charges.
2. Medical and dental expenses as defined by the Internal Revenue Service.

(3) In order to qualify with spenddown, the amount of spenddown, adjusted by one-twelfth, must be equal to or less than the projected and actual medical expenses.

*f.* An applicant for orthopedic services under this program whose income is greater than 185 percent of poverty will have a spenddown equal to 5 percent of the difference between the computed annual income and 185 percent of the poverty level.

**82.2(2) Resources.**

*a.* The resource limitation for an applicant will be \$10,000 per household.

*b.* The following are countable resources:

- (1) Unobligated cash.
- (2) Savings accounts.
- (3) Stocks, bonds, certificates of deposit, excluding Internal Revenue Service-defined retirement plans.

*c.* Resource information will be provided by the applicant, who will attest in writing to the accuracy of the information contained on the application. The director may request verification of resources.

**82.2(3) *Noneligibility for Title XIX or medically needy without spenddown.*** In order to be eligible, the applicant must not be eligible for services under Title XIX or the medically needy program without a spenddown.

**82.2(4) *Residency.*** The applicant for this program must be a legal resident of Iowa.

**641—82.3(255A) Application procedures.**

**82.3(1)** A person desiring obstetrical and newborn care or orthopedic care under this program, or the parent or guardian of a minor desiring such care, may apply to the county relief director or designated agent serving the person's county of residence.

**82.3(2)** The applicant will provide the following information to be considered for eligibility under this program:

*a.* Income and resource information on an application form.

*b.* Written verification obtained from the department of human services certifying that the applicant is not eligible for Title XIX or the medically needy program without a spenddown.

These rules are intended to implement Iowa Code sections 255.16 and 255A.5.

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